



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor David DIDUCH et al. Examiner: Glenn K. DAWSON
Serial No.: 10/084,283 Confirmation No. 7097
Filed: February 26, 2002 Group Art Unit: 3731
Title: SUPERELASTIC SUTURE PASSING DEVICES AND METHODS

MAIL STOP AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT

Sir:

In reply to the Office Action mailed February 1, 2005 (the "Office Action"), in which a three (3) month shortened period for reply is May 1, 2005, please amend the application as follows and consider the following remarks:

Please change the title of the application.

Please enter new paragraph into the specification (between paragraphs 31 and 32) and amend paragraph 71 of the original specification.

Please enter new substitute drawing sheet showing amended Figure 9a and original Figure 9b.

Please cancel claims 24-28, 35, 36, 46 and 49; amend claims 48 and 50; and add new claims 52 - 67 as follows:

03/09/2005 FFIELDS 00000016 10084283

01 FC:2202 75.00 DA
02 FC:2201 200.00 DA
03 FC:2202 175.00 DA

By this amendment, claims 52-67 are newly added and read on the elected species shown in Figure 9a. Support for the new claims may be found in the specification and drawings as originally filed. Currently, claims 48 and 50-67 remain pending in this application.

If any fees are associated with the entering and consideration of this preliminary amendment, please charge such fees to our Deposit Account 50-2882.

As all of the outstanding rejections have been traversed and all of the claims are believed to be in condition for allowance, Applicant respectfully requests issuance of a Notice of Allowance. If the undersigned attorney can assist in any matters regarding examination of this application, Examiner is encouraged to call at the number listed below.

Respectfully submitted,

David DIDUCH et al.

Date: 17 February 2005

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

11108-002

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|---------------|--------------|
| TOTAL CLAIMS | 23 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 23 minus 20 = | * 3 |
| INDEPENDENT CLAIMS | 11 minus 3 = | * 8 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

| RATE | FEE | | RATE | FEE |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| X\$ 9= | 27 | OR | X\$18= | |
| X42= | 336 | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL | 733 | OR | TOTAL | |

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * 25 | Minus ** 23 | = 2 |
| Independent | * 13 | Minus *** 11 | = 2 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

| RATE | ADDI-TIONAL FEE | | RATE | ADDI-TIONAL FEE |
|------------|-----------------|----|------------|-----------------|
| X\$ 9= | 18 | OR | X\$18= | |
| X42= | 86 | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL | | OR | TOTAL | |
| ADDIT. FEE | | OR | ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * 28 | Minus ** 25 | = 3 |
| Independent | * 15 | Minus *** 13 | = 2 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDI-TIONAL FEE | | RATE | ADDI-TIONAL FEE |
|------------|-----------------|----|------------|-----------------|
| X\$ 9= | 27 | OR | X\$18= | |
| X42= | 84 | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL | | OR | TOTAL | |
| ADDIT. FEE | | OR | ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * 35 | Minus ** 28 | = 7 |
| Independent | * 13 | Minus *** 15 | = 1 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDI-TIONAL FEE | | RATE | ADDI-TIONAL FEE |
|------------|-----------------|----|------------|-----------------|
| X\$ 9= | 52.00 | OR | X\$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL | | OR | TOTAL | |
| ADDIT. FEE | | OR | ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.